

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46B

CERTIFICATE OF DEATH

11320

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Baltimore

City or town Wye Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Marie Belneus

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, ~~divorced~~

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec. 27. 1866

8.(c) If alive, give age _____ years

8. AGE: 79 Years 10 Months 20 Days If less than one day _____ hrs. _____ min.

9. Birthplace Germany
(City, town, county, and state)

10. Usual occupation retired

11. Industry or business _____

12. Name Henry Garrels

13. Birthplace Germany
Schuldmache

14. Maiden name _____

15. Birthplace Germany

16. Informant Marie Belneus Lawrence

Address Wye Mills, Md.

17. Burial Date thereof Nov 19-46
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory St Pauls Lutheran Cemetery

Location Cordova Rural, Md.

18. Funeral director John D. Williams

Address Baltimore, Md.

19. 11/18 19 46 M.D. Neerus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1946 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1946 to November 16 1946 and that I last saw him alive on November 16 1946

Immediate cause of death _____

Carcinoma ventriculi

DURATION

about 1 1/2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE _____

Stevensville Md. M. D. or other _____
Address _____ Date signed 11/16/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

11321

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Talbot
 City or town Rural Cardova
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
 City or town Rural Cardova
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bernard F. Callahan

3. (b) Social Security Number

✓

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Mary Helen Callahan

7. Birth date of deceased (mo., day, yr.)

August 1st 1880

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

6635

_____ hrs.

_____ min.

9. Birthplace

Talbot County
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

46M. H. Nevins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1946, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 4 to Nov. 6 1946
and that I last saw him alive on October 25 1946

Immediate cause of death

Coronary occlusive

DURATION

6 months

Due to

coronary arterial
disease6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Kurt Lederer M.D.

M. D. or other

Address

2000 Anne St. Date signed 11/6/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No. 2970

1. PLACE OF DEATH:

County... Talbot
 City or town... Grapp (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Ten months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md County... Talbot
 City or town... Grapp (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Hattie Copper
 4. Sex F 5. Color or race Colored 6. (a) Single, married, widowed, or divorced single

3. (b) Social Security Number

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years 10 Months 22 Days 22 If less than one day hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER
 MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

19. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof 11 29 46
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 27th 1946 at 1 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11th 1946 to Nov. 27th 1946and that I last saw her alive on Nov. 19th 1946Immediate cause of death Bronchopneumonia DURATION 10 daysDue to Sequel of acute cold

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

Address Thelma S. Sequoyia M. D. or other Grapp md Date signed 11-27-46

RECEIVED
NOV 29 1948
FBI - C. & S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

11323

Reg. Diat. No. 2900

1. PLACE OF DEATH:

County Talbot
 City or town Easton Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 hours
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.

How long in hospital or institution? 27 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Floyd Coulbourne

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

B.(b) Name of husband or wife _____

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1929

8. AGE: Years 17 Months 1 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Federalburg Md.
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business _____

12. Name Alonso Coulbourne13. Birthplace Dorchester Co. Md.14. Maiden name Alice E. Larkford15. Birthplace Dorchester Co. Md.16. Informant Alonso C. Coulbourne

Address Seaford, Del. R1

17. Buried Date thereof 11/14/46
 (Burial, cremation, or removal) Which? _____ (month) (day) (year)

Cemetery or crematory Washington

Location near Hyllock Md.

18. Funeral director J. F. Frampton Son.

Address Federalburg Md.

19. 11/12/46 N.H. Nevins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11-46 19____ at 11:50p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-10-46 19____, to 11-11 19____

and that I last saw h.i.m. alive on 11-11 19____

Immediate cause of death Cerebral laceration

DURATION

Due to Trauma
Auto accident

Due to _____

Other conditions Fract. Femur
Fract. Skull, Amp. Foot Trauma
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Auto accident Date of 10 Nov 46

Where did injury occur? Hyllock Dorchester Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE H. F. Kinnamos M.D.

M. D. or other

Address Easton, Md. Date signed 12 Nov 46

RECEIVED
NOV 22 1946
BUREAU V.B.

2-35

RECEIVED
NOV 22 1946
BUREAU V.B.

Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-7)

11324

FILM No. I 08 DEC 2 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 2960

1. PLACE OF DEATH: Talbot
County.....Eastern, Md.
City or town.....9 years
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Home of Aged Women
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Md. County.....Talbot
City or town.....Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Annie B. Crothers

3. (b) Social Security Number

4. Sex.....Female 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Single

6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 22-1861

8. AGE: Years.....85 Months.....84 Days.....7 If less than one day.....29 hrs..... min.....

9. Birthplace.....Rising Sun, Md.
(Town, county, and state)

10. Usual occupation.....Retired

11. Industry or business

12. Name.....Louis Crothers

13. Birthplace.....Rising Sun Md

14. Maiden name.....Caroline McEliver

15. Birthplace.....Rising Sun Md.

16. Informant.....Mrs. Irene Hardin, Mgr.

Address.....Easton, Md

17. Burial Date thereof.....Nov 23 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Spring Hill Cemetery

Location.....Easton, Md

18. Funeral director.....John D. Williams

Address.....Easton, Md.

19. 11/23 46 N. S. Neirin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Nov. 21 19.....46, at.....12:35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Apr. 19.....46 to.....21 Nov 19.....46
and that I last saw h.....a alive on.....23 Oct 19.....46

Immediate cause of death.....Cerebral palsy

Due to.....Branchio pterygium

Due to.....

Other conditions.....Fractured hip-left

Due: Accidental fall, sugar
(Include pregnancy within months of death)

Major findings of operations.....

Antepartum results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Accident Date of.....September 23, 1946

Where did injury occur?.....Easton.....Talbot.....Maryland
(City or town) (County) (State)

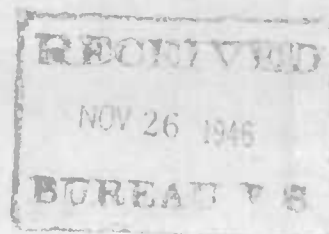
Injured at home, farm, industry, public place (where?).....At Aged Home

Means of Injury.....Accidental fall Injured at work?

23. SIGNATURE.....Thomas H. Harrison M.D.

Address.....214 E. Green St. Easton M. D. or other

Date signed.....21 Nov 46



See Pearson

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2412 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11325

Reg. Dist. No. 290 0

1. PLACE OF DEATH: Talbot
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 day
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 11 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ruston - Rye
(If outside city or town limits, write RURAL and give nearest town)
Street No. Henry
(If rural, give LOCATION)
2.(a) If veteran, name war..... ✓

3. (a) FULL NAME
William Thomas Darling

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Nov. 11 - 19-46 6. (c) If alive, give age..... years

8. AGE: Years 10. Months 10. Days 10. If less than one day hrs. min.

9. Birthplace Talbot Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business.....

FATHER 12. Name James W. Thomas Darling
13. Birthplace Caroline

MOTHER 14. Maiden name Florence Ann Dalby
15. Birthplace Dorchester

16. Informant Mrs. Florence Ann Dalby
Address Ruston, Md.

17. Burial Date thereof November 21, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery
Location Federalburg, Maryland

18. Funeral director J. J. Thompson & Son
Address Federalburg, Maryland

19. 11/21 1946 N. St. Neer Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1946 to Nov. 20 1946 and that I last saw him alive on Nov. 20 1946

Immediate cause of death.....

Placental infarction (6 m.o.)

Due to.....

Due to.....

Other conditions.....

13 mth weight 2 1/2 lbs
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (Country) (State)

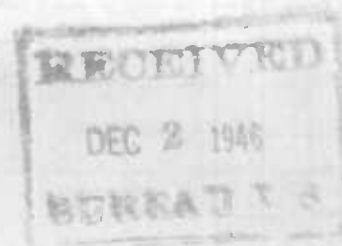
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE B Cox M D

M. D. or other

Address 2 mth Date signed 11/23/46



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 9

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME EMILIA HERMINIA RIGUELINE Y GIGUEL VDA DE LACAZETTE

3. (b) Social Security Number _____

4. Sex Female5. Color or race White6. (a) Single, married, widowed or divorced Widowed6. (b) Name of husband or wife Alfred P. Lacazette7. Birth date of deceased (mo., day, yr.) Nov. 15, 1860

6. (c) If alive, give age _____ years

8. AGE: Years 86 Months 0 Days 12
.....hrs.min.9. Birthplace Havana, Cuba
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name Manuel RigueLine13. Birthplace Cuba14. Maiden name Eugenia Vigal15. Birthplace Cuba16. Informant Alfred A. LacazetteAddress Easton, Md.17. Burial Spring Hill(Burial, cremation, or removal. Which?) Date of funeral December 2, 1946
(month) (day) (year)Cemetery or crematory Easton, Md.Location P.O. Box 10018. Funeral director P.O. Box 100Address Easton, Md.19. 11/30 46 N.H. Neume

(Date) (of) (by) registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 19 46, at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 46 to November 27 19 46and that I last saw him alive on 11/11 19 46Immediate cause of death arterio-sclerosis, generalized few years

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

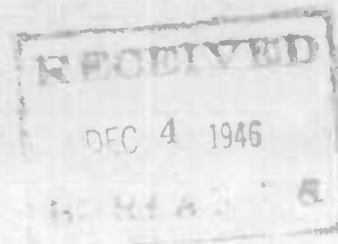
Means of injury _____ Injured at work? _____

23. SIGNATURE B Cox M D M. D. or otherAddress Easton Md Date signed 11/29/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

11327

1. PLACE OF DEATH:

County... Dalhart County.
 City or town... Easton Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Admitted Oct. 30 - died Nov. 1 - 10²⁵ AM
 Hospital, institution, or street address where death occurred:
Memorial Hospital @ Easton Md.
 How long in hospital or institution? From Oct. 30 3:09 PM to Nov 1 - 10²⁵ AM

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline County
 City or town... Flippo Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war. _____

3. (a) FULL NAME

Mrs. Anna B. Evans

3. (b) Social Security Number

4. Sex Female. 5. Color or race White. 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Mr. Edward S. Evans
Same address 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr 15, 1881

8. AGE: Years 65 yrs. Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Near Denton, Caroline, Md.
 (Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER 12. Name Edward Evans
 13. Birthplace Caroline Co. Md.

MOTHER 14. Maiden name Anna Willoughby
 15. Birthplace Caroline Co. Md.

16. Informant Edw. S. Evans
 Address Stober, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Nov 1, 1946
 (month) (day) (year)
 Cemetery or crematory Denton
 Location Denton, Md.

18. Funeral director J. Virgil Moore & Son
 Address Denton, Md.

19. 11/3 19 46 M. H. Merri
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 19 46 at 10 25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 Oct 19 46 to 1 Nov 19 46
 and that I last saw him alive on 1 Nov 19 46

Immediate cause of death Coronary failure DURATION

Due to Coronary artery sclerosis
& old myocardial infarction

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results Coronary artery sclerosis Particular
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

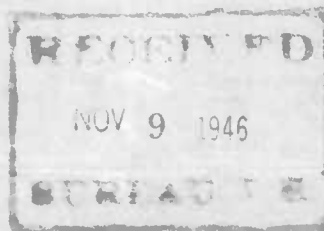
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work?

23. SIGNATURE Thos. H. Harrison M.D.
 Address 204 E. Ave. St. Eshe Date signed 11 Nov 46
Maryland



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Diat. No. 11328 2900

1. PLACE OF DEATH:

County Island
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
510 Goldstone St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Island
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 510 Goldstone St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles Franklin Flynn

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Della Flynn (Shuman)
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 4, 1884
 8. AGE: Years 64 Months 3 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Island County, Maryland
 (Town, county, and state)

10. Usual occupation Electrician

11. Industry or business Easton Utilities Commission

12. Name Charles Franklin Flynn

13. Birthplace MD

14. Maiden name Theresa Kirby

15. Birthplace MD

16. Informant Miss Betty Flynn

Address Easton, Md.

17. Burial Date thereof Dec 25, 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Island Funeral Home

Address Easton, Md.

19. 11/23 19 46 N.H. Neerues
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 19 46, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 45 to November 21 19 46

and that I last saw him alive on Nov 21 19 46

Immediate cause of death _____ DURATION _____

Central Nervous Ray 4 day

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Martin J. Bull local M. D. or other _____

Address Easton, Md. Date signed 11-23-46

RECEIVED

DEC 2 1946

BUREAU V B

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *32*

CERTIFICATE OF DEATH

Reg. Dist. No. *2910*

1. PLACE OF DEATH:

County *Talbot*
City or town *Neant*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *Life*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Talbot*City or town *Neant*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert E. Haddaway

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

was widower

6. (b) Name of husband or wife

May E. Haddaway

7. Birth date of

deceased (mo., day, yr.)

Feb. 14 1873

6. (c) If alive, give age _____ years

8. AGE:

Years

73

Months

8

Days

26

If less than one day

_____ hrs.

_____ min.

9. Birthplace

Neant

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

FATHER

12. Name

Edward Haddaway

13. Birthplace

Neant, Md.

MOTHER

14. Maiden name

Kemp Jones

15. Birthplace

Neant, Md.

16. Informant

Mrs. Nellie Dudley

Address

5508 Hampnett, Baltimore Md.

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cemetery

Location

Neant, Md.

18. Funeral director

Newnam & Harrison

Address

St. Michaels Md.

19.

(Date rec'd by registrar)

19

*46**John H. Haddaway**2nd*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 8 1946 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1 1946 to November 8 1946
and that I last saw him alive on *November 2 1946*

Immediate cause of death

Coronary thrombosis

DURATION

1 day

Due to

*Chronic Hypertension**well*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Martin J. Bugel M.D.

M. D. or other

Address

17 Fell bldg. V Entbk. 11-9-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 6 1945
BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

11330

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md Rural (Hope House)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State South Carolina County
 City or town Charleston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2. (a) If veteran, name war None ✓

3. (a) FULL NAME

Percy G. Kammerer

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Eliza Donkin
 6. (c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) Nov. 16, 1885
 8. AGE: Years 60 Months 11 Days 27 If less than one day
 hrs. min.

9. Birthplace Norfolk, Va
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Episcopal Minister

12. Name Edward Kammerer

13. Birthplace New York City, N.Y.

14. Maiden name Mary Gamble

15. Birthplace Florida

16. Informant Frank E. Campbell, Jr.

Address New York City, N.Y.

17. Cremation Date thereof Nov. 16, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fresh Pond Crematory

Location Middle Village, N.Y.

18. Funeral director John D. Williams

Address Easton, Md.

19. 11/14 19 46 N.H. New
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 19 46, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 Nov 19 46 to 13 Nov 19 46 and that I last saw him alive on 13 Nov 19 46

Immediate cause of death Cardiac Failure

Due to Bronchial Asthma

Due to

Other conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide

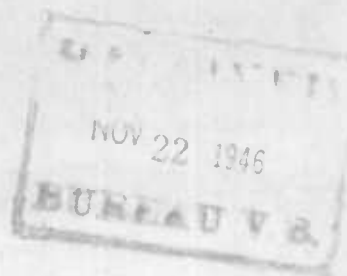
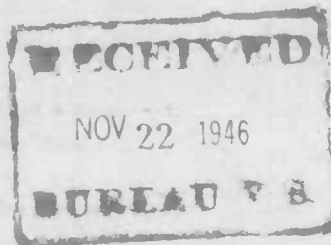
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. T. Kammerer 19 46
 M. D. or other

Address Easton, Md. Date signed 16 Nov 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Reg. Dist. No. 11331 2940

1. PLACE OF DEATH:

County TalbotCity or town Rural, Talbot
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ms County TalbotCity or town Rural, Talbot
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Rose Mitchell

3. (b) Social Security Number

4. Sex F5. Color or race C6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June, 24, 1890

6.(c) If alive, give age _____ years

8. AGE: Years 56 Months 5 Days 2 It less than one day _____ hrs. _____ min.9. Birthplace Talbot County, Maryland
(Town, county, and state)10. Usual occupation Homemaker

11. Industry or business _____

12. Name James Mitchell13. Birthplace Ms14. Maiden name Est. Kamm

15. Birthplace _____

16. Informant Peggy WilbyAddress Talbot, P.O. Maryland17. Buried Date thereof November 29, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium TalbotLocation St. Paul's Church18. Funeral director William BankAddress Easton, Ms19. Ms 19 46
(Date rec'd by registrar) Joseph L. Easton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 19 46, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him alive on Nov. 26 19 46Immediate cause of death ParapneumoniaDue to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

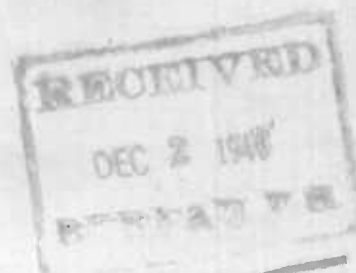
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H.T. Welch M.D. M. D. or other _____Address Easton, Ms Date signed 12/27/46

DURATION

1 mo.6 mo.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11332 2900

1. PLACE OF DEATH:

County Baltimore
City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1118
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Charles B. Seymour

3. (b) Social Security Number

111-18-46

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced M.

6. (b) Name of husband or wife Sallie B. Seymour

7. Birth date of deceased (mo., day, yr.) March 24, 1869 8. (c) If alive, give age 77 years

8. AGE: Years 77 Months 7 Days 27 It less than one day hrs. min.

8. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation unable to work

11. Industry or business

12. Name George W. Seymour

13. Birthplace MD

14. Maiden name Ann Callaway

15. Birthplace MD

16. Informant Mr. Charles Hart

Address Baltimore, MD

17. Burial Date thereof Nov 18, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Baltimore, MD

18. Funeral director W. B. Clark

Address Baltimore, MD

19. 11/18 19 46 N. H. McNeill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 19 46 at 7:13 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Coronary occlusion

Due to Coronary occlusion

Due to Coronary occlusion

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations Arteriosclerosis

Date of op. Arteriosclerosis

Autopsy results Arteriosclerosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Arteriosclerosis Date of Arteriosclerosis

Where did injury occur? Arteriosclerosis (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Arteriosclerosis

Means of injury Arteriosclerosis Injured at work?

23. SIGNATURE Lawrence J. Harty, M.D.

Address Lawrence J. Harty, M.D. Date signed 11-18-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 22 1946
BUREAU Y.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

11333

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County... Talbot County
 City or town... Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hrs.
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
 How long in hospital or institution? 3 hours

3. (a) FULL NAME

Emma Singleton

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Nelson Singleton

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1900 6. (c) If alive, give age 50 years

8. AGE: Years 46 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Harford Co.
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Raisin G. Ross
 13. Birthplace Maryland

14. Maiden name Susan F. Reynolds
 15. Birthplace Maryland

16. Informant Nelson A. Singleton
 Address Vienna, Md.

17. Burial Date thereof 11/2/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill
 Location Annapolis, Md.

18. Funeral director A. C. Clark
 Address Easton, Md.

19. 11/10 46 N. H. Nevins
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Vienna
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9-46 19 46 at 8 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 Nov 19 46 to 9 Nov 19 46

and that I last saw him in alive on 9 Nov 19 46

Immediate cause of death Coronary failure

Due to Coronary inefficiency

Due to Arteriosclerotic changes

Other conditions Arteriosclerotic changes

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Thos. H. Harrison M.D.

Address Carlisle, Maryland Date signed 7 Nov 46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 2700

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
200 Aurora St.
Stewart Convalescent Home
 How long in hospital or institution? 5 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hurlock
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Ella Shaw Smith

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Martin W. Smith
(Deceased)

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Aug. 18, 1860

8. AGE:

Years

Months

Days

If less than one day

86229

_____ hrs.

_____ min.

9. Birthplace Manchester, England
(Town, county, and state)

10. Usual occupation

-

11. Industry or business

-

MOTHER FATHER

12. Name Thomas Shaw13. Birthplace England14. Maiden name Charlotte Shaw15. Birthplace England16. Informant Mrs. Elwood AndrewsAddress Hurlock, Maryland17. Burial Burial Date thereof Nov. 19, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 11/19 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 Nov 19 46 at 1:43 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 46 to 19 Nov 19 46
and that I last saw him alive on 13 Nov 19 46Immediate cause of death Cardiac failure

DURATION

6 wksDue to Hypertensive arterio-sclerosis
Cardiac over-exertionDue to Accidental fall Concussion
October 6th 1946Other conditions Fracture femur
right femur
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of October 6th 1946Where did injury occur? Easton Talbot Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Stewart Convalescent HomeMeans of injury Accidental fall Injured at work?

23. SIGNATURE

Wm. H. Harrison M.D.
M. D. or other
Address 214 E. Ave 31 Easton Date signed 19 Nov 46

Handwritten signature/initials inside a faint oval stamp.

RECEIVED
NOV 22 1946
BUREAU V.R.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33a

CERTIFICATE OF DEATH

11335
★ Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 607 Park St.
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Talbot
City or town Easton md. Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. none
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Walter Henry Nelson

3. (b) Social Security Number

4. Sex M 5. Color or race negro 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Deceased
Nathan Robert Wilson
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 72 Months 7 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot Co.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business none

12. Name William T. Nelson

13. Birthplace Talbot Co.

14. Maiden name Mary Ann Cooper

15. Birthplace Talbot Co.

16. Informant Eva Wilson Daughter

Address 607 Park St.

17. Burial Date thereof 11/21/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Govt town md.

Location Govt town Talbot Co.

18. Funeral director Leon W. Henry

Address 310 South St Easton md.

19. 11/21 19. 46 N.R. Deemer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 19 46, at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16 19 46, to Nov. 17 19 46, and that I last saw him alive on Nov. 17 19 46.

Immediate cause of death Cerebral Hemorrhage DURATION 2 days

Due to Hypertension 1 day

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Hayward T. Webb, M.D. M. D. or other _____
Address Easton, md. Date signed 11/16/46

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 26 1946

BUREAU

1-35